



City of Rockville
Dept. of Neighborhood and Community Services
Community Enhancement/Code Enforcement Division
111 Maryland Ave. • Rockville, MD 20850-2364 • 240-314-8330

Application Date: _____

Application No.: _____

Application for Hawker/Peddler or Solicitor's License

PLEASE PRINT CLEARLY OR TYPE

APPLICANT NAME _____ SSN _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

DOB ____ / ____ / ____ AGE _____ EYE COLOR _____ HAIR COLOR _____ HEIGHT ____' ____" WEIGHT _____ RACE _____

DRIVER LICENSE# _____ STATE ISSUED _____ YEAR ISSUED _____

MAKE OF VEHICLE _____ TAG # _____ STATE _____

NAME OF EMPLOYER _____

EMPLOYER ADDRESS _____

DESCRIBE MECHANDISE/CHARITY _____

MARYLAND TRANSIENT VENDOR LICENSE# _____ STATE _____

HEALTH DEPARTMENT PERMIT# _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR? ____ YES ____ NO

IF YES, NATURE OF OFFENCE _____

WHEN AND WHERE CONVICTED _____

PENALTY OR PUNISHMENT _____

The applicant agrees to:

- Provide a recent and clean photograph (2" x 2") in a size showing the head and shoulder of the applicant.
- A police background check may be required at the option of the Chief of Police or the Community Enhancement and Code Enforcement Division, which is **\$18.00**.
- Abide by all rules and regulations as required in Chapter 12 of Laws of Rockville entitled Licenses, Permits and Miscellaneous Business Regulation.

I, the applicant attest:

- that this information submitted in this application is correct.
- I further acknowledge that I fully understand all application provisions of Chapter 12, and
- I understand that a Health Department Permit is required for selling of food, and must be submitted with this application.

Signature of Applicant _____ Title _____

Date _____ Daytime Phone Number _____

Application Fee is \$200.00 Non-Refundable

Payable to: City of Rockville